as a second line treatment without increase of the total national CML budget in 2014.

PCN70

RADIO-223 IN THE TREATMENT OF METASTATIC CASTRATION RESISTANT PROSTATE CANCER WITH BONE METASTASES: BUDGET IMPACT ANALYSIS OF THE NATIONAL HEALTH SERVICE

Di Matteo S[1], Valentino MC[1], Bruno GM[1], Colombo GL[2]

[1]S.A.V.E. Studi - Health Economics & Outcomes Research, Milan, Italy, [2]University of Pavia, Milan, Italy

OBJECTIVES: Castration resistant prostate cancer with bone metastases (mCRPC) is a common condition associated with high medical and indirect healthcare costs. Purpose of this analysis is to estimate the economic consequences of Radio-223 dichloride in the treatment of prostate cancer with definition of a Budget Impact Analysis (BIA) from the perspective of the National Health Service (NHS). **METHODS:** Budget Impact analysis was carried to quantify the impact on the Italian National Health Service, in terms of costs of treatment given to the castration resistant prostate cancer (mCRPC), and as a result of the introduction of Radio-223 dichloride. In the assessment it was assumed that all the formulations present the same effect, ie that they present the same probability of efficacy in the treatment of metastatic castration resistant prostate cancer. The calculated values were applied to a population with mCRPC estimated the first year by about 4,009 people. **RESULTS:** Considering the cost of the drug, the costs of administration, the cost of each adverse event, the total costs of each therapy, Radio-223 dichloride appears to have a lower cost than Abiraterone in both setting of patients in the first and second line treatment, lower than Enzalutamide in post-docetaxel population. The total costs were as follows: Radio-223 dichloride € 24,662.13; Abiraterone pre-Docetaxel € 54,112.25, € 28,490.63 Abitaterone post-docetaxel, Cabazitaxel € 26,995.20, Enzalutamide € 30,885.55 and finally Docetaxel € 4,574.69. Overall, looking at the scenario of the 1st and 2nd line following the introduction of Radio-223 dichloride it would generate savings of € 1,467,994 the first year, € 3,545,090 in the second year and finally € 7,660,642 in the third year. **CONCLUSIONS:** Treatment with Radio-223 dichloride turns out to have a favorable impact on the budget and appears to be the less expensive compared to other therapeutic strategies used in mCRPC in Italy.

PCN71

ECONOMIC IMPACT OF THE DETECTION OF MEDICATION ERRORS IN ONCOLOGICAL PATIENTS WITH AFEBRILE NEUTROPENIA IN A CANCER HOSPITAL

Hernández Martínez JF[1], Morales Perez M[1], Colín Gómez DP[1], Paredes García P[1], Toledo Vigueras I[1], Gutierrez García M[2], Toledo Vigueras E[1], Patricio Irineo F[1], Sánchez Ródriguez I[1]

[1]Centro Oncológico Estatal, ISSEMyM, Toluca, Mexico, [2]HS Estudios Farmacoeconómicos S.A. de C.V, Mexico City, Mexico

OBJECTIVES: To determine the avoided cost derived from the opportune intervention of the pharmacist before to the administration of schemes of chemotherapy avoiding medication errors (EM). **METHODS:** A transverse analysis of EM's record was realized (classification in accordance with Otero et al., 2000) in solid tumors, that evaluate the Clinical Pharmacy Service (CPS), in a period from November 2014 to April 2015. The intention was to identify the cases of afebrile neutropenia (AN) before the application of the scheme of chemotherapy. The cost that had been generated by the handling of an uncomplicated febrile neutropenia were estimated, in accordance with the international recommendations of clinical practice, direct medical costs were considered: medicines (institutional catalog of prices), medical consultation, laboratory study and hospitalization from Official Federation Journal and groups related to the diagnosis IMSS 2015. **RESULTS:** It was identified a whole of 365 (30 %) EM of 1195 pharmacotherapy follow-up, We found 22 patients who had AN, with an age average of 52 years, of which 54 % were women, this means 8% of total medication errors; 100 % of these errors of this patients group was a category "B" the error did not get the patient. The saving by the pharmaceutical interventions was estimated in $80,228(USD), minus the cost of the prophylactic treatment after intervention ($13,624). The whole saving was $66,604, so that monthly average cost saved by CPS was of $11,101; there are 6 clinical pharmacists, that individually saved $1,850 monthly. The patients were rescheduled for their application of chemotherapy until cure the neutropenia, a prophylaxis was given for the subsequent cycles. **CONCLUSIONS:** The opportune intervention of the pharmacist in the identification and resolution of medication errors not only represents a clinical benefit in the safety of the patient, also is a monetary saving to the institution.

PCN72

WHAT IS THE MOST COST-EFFECTIVE WAY TO SET-UP ORGANISED CERVICAL CANCER SCREENING IN FRANCE? A BUDGET IMPACT ANALYSIS

Massetti M[1], Leleu H[1], De Bels F[2], Barre S[2]

[1]PUBLIC HEALTH EXPERTISE, Paris, France, [2]French Cancer Institut, Boulogne, France

OBJECTIVES: Accordingly to the third Cancer plan, organized screening (OS) of cervical cancer among women aged 25-65 should be implemented in the forthcoming years in France. The most cost-effective way to implement OS in the French health care system in regard of this objective is yet to be determined. **METHODS:** A budget impact model (BIM) was developed in collaboration with the French National Institute of Cancer (INCa) and an expert board involving clinical experts and stakeholder representatives (social security, ministry of health, patients and professionals). Time horizon of the analysis is three years. Five plausible scenarios aimed towards the whole non-participating population were assessed in the model. Those were derived from a basic scenario consisting of a mailed invitation followed by a mailed recall to which were added HPV DNA testing for women over 35, self-sampling kits sent to women over 35, pay for performance (P4P) incentives allocated to general practitioners (GP) whose eligible patients become participant, diversification of health professionals performing the sampling and full coverage of the screening by the statutory health insurance. **RESULTS:** The "full coverage scenario" is the most cost-effective, followed by the scenario with self-sampling kits sent to women, the scenario with increased diversity of the health professionals and the basic scenario. The costliest scenarios were the one implementing HPV DNA testing which did not provide further participation despite a high cost and the one based on P4P incentives towards GP, although it allows high participation rates. **CONCLUSIONS:** Using a comprehensive BIM, we show that full coverage of OS might be the most cost-effective way to implement it, although practical and financial issues might favour other scenarios that may be more balanced regarding the distribution of costs between stakeholders or may be more easily implemented and accepted by health professionals.

PCN73

BUDGET IMPACT ANALYSIS OR PHARMACOLOGICAL THERAPY OF CHRONIC MYELOID LEUKEMIA (CML) WITH NILOTINIB AS THE SECOND-LINE TREATMENT IN RUSSIAN FEDERATION

Serpik VG, Yagudina R

I.M. Sechenov First Moscow State Medical University, Moscow, Russia

Medicine supply of patients with CML is provided by means of federal state reimbursement program (FSRP) of high-cost nosologies and by regional budgets. Now, the reimbursement list of high-cost drugs includes only first generation tyrosine kinase inhibitor (TKI) – imatinib. However, there is a problem with access of patients with CML to second generation TKI because regional budgets are limited. Therefore, it's important to provide pharmacoeconomic assessment of including second generation TKI into FSRP.**OBJECTIVES:** To provide budget impact analysis (BIA) of including second generation TKI (nilotinib) into reimbursement list of high-cost drugs of FSRP for second line treatment of patients with CML. **METHODS:** BIA, as a part of this healtheconomic research was developed on the basis of decision tree and Markov model.The perspective of the study was FSRP of high-cost drugs, so direct costs for imatinib and nilotinib were considered.Real consumption of medicine was used.Tender prices of FSRP for imatinib and regional tender prices for nilotinib were used. Exchange rate 1Euro = 50Rub. **RESULTS:** Annual cost per patient for imatinib for the first line CML patient in chronic phase was 6336Euro, while patients in accelerated phase and the second line treatment patients needed high dose imatinib treatment that costs 12672Euro.Annual cost per patient for nilotinib was 35040Euro.Total expenditures for first line treatment of CML with imatinib and the second line treatment with nilotinib for all CML patients were 82,2 mln Euro.FSRP budget for CML in 2014 was 46 mln Euro, regional expenditures for the second line treatment with second generation TI of CML were above 44 mln Euro.Therefore, including of nilotinib into FSRP leads to budget increase, but doesn't exceed total current expenditures for CML of 90 mln Euro. **CONCLUSIONS:** Inclusion of nilotinib into FSRP does not exceed total current expenditures for CML and may improve patient access for effective treatment.

PCN74

PHARMACOECONOMIC ANALYSIS OF THE USE OF EVEROLIMUS COMPARED TO AXITINIB IN SECOND LINE THERAPY OF PATIENTS WITH METASTATIC RENAL CELL CARCINOMA

Kolbin A[1], Frolov M[2], Kurylev A[1], Balykina Y[3], Proskurin M[3]

[1]First Pavlov State Medical University of St. Petersburg, Saint Petersburg, Russia, [2]Volgograd State Medical University, Volgograd, Russia, [3]Saint Petersburg State University, Saint Petersburg, Russia

OBJECTIVES: The aim of the study was to conduct a health economic evaluation of using everolimus and axitinib in patients with metastatic renal cell carcinoma (mRCC). **METHODS:** Cost-effectiveness analysis, budget impact analysis and sensitivity analysis were performed. Progression-free survival and overall survival were included into the model as the effectiveness criteria. Decision tree model with Markov cycles was used. All direct costs were calculated from the healthcare system perspective. Stability of results to changes of external factors was evaluated by performing a probabilistic sensitivity analysis. **RESULTS:** An analysis showed that the use of everolimus was by 35% less expensive than the use of axitinib. At the same time a decrease in the probability of adverse event occurrence for everolimus, as well as an increase in the duration of overall survival by 27% were observed. The total cost per patient amounted to 1,686,463 RUB and 2,283,237 RUB when using everolimus and axitinib respectively. Compared to axitinib therapy, everolimus therapy is less expensive and at the same time, is more effective, i.e. it is dominant in relation to axitinib when considering such effectiveness criteria as overall survival and progression-free survival. The results of sensitivity analysis confirmed results of the baseline scenario regarding the economic feasibility of everolimus usage. The results of the budget impact analysis showed potential savings of budget finance in case of using everolimus, which provides an opportunity to treat additional patients with mRCC with no additional expenditures on the part of health care system. **CONCLUSIONS:** Everolimus showed a longer duration of overall survival in patients with mRCC after ineffectiveness of the first-line therapy. Moreover, everolimus therapy was less costly compared to axitinib therapy. Thus, the results of the study showed that the use of everolimus is a cost-effective strategy, as it is characterized by greater efficiency and lower costs.

PCN75

COST ANALYSIS IN IMPLEMENTING RITUXIMAB FOR NON-HODGKINS LYMPHOMA - INTRAVENOUSLY AND SUBCUTANEOUSLY - IN PATIENTS WITH SOCIAL COVERAGE IN LATAM

Renati L[1], Najun Dubos L[2]

[1]FASTA University, Mar Del Plata, Argentina, [2]Roche Argentina, Buenos Aires, Argentina

OBJECTIVES: To compare cost of rituximab both Intravascular and subcutaneous for the treatment of NHL in patients within the social security and retiree segment And leaving in rural areas of ARGENTINA. **METHODS:** Insurance given by two main sectors were analysed. IOMA covers 157.741 beneficiaries while PAMI covers 215.118 . 1st line and 2nd line full treatments were calculated. As RTX cost is equivalent between formulations, we calculated the modules of the treatment including medical fee, materials etc. taking into account the IOMA value of USD 140.20 and PAMI one of USD 127.12 and the time of treatment in minutes we estimate the savings with the SC formulation. **RESULTS:** IOMA Cost taking into account the consumption of time is around USD 1.190, 78 for the first line treatment and USD 899, 66 for the second